

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1568

State File No.

Registration District No. 20153

Primary Registration District No. 2001000

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. St. Hosp. No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 583 days
In this community yes Specify whether
years, months or days

3. (a) PRINT FULL NAME HARRY A. DAHLIN

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex m 5. Color or race Wht 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Judith B. Dahlin 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb 25, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 & One 7 8 — hr. — min.

9. Birthplace Osage City, Kan. (City, town, or county) (State or foreign country)

10. Usual occupation Salesman & Farmer

11. Industry or business Agricultural & Auto acc.

12. Name John Dahlin

13. Birthplace Sweden (State or foreign country)

14. Maiden name Therese

15. Birthplace Sweden (City, town, or county) (State or foreign country)

16. (a) Informant Records of Mo. St. Hosp. No. 2

(b) Address St. Joseph, Mo.

17. (a) R. (b) Date thereof 12-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs, Mo.

18. (a) Signature of funeral director W. G. Rows

(b) Address Blue Springs, Mo.

19. (a) 12-29-42 (b) W. G. Rows
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Blue Springs (If outside city or town limits, write "RURAL")
(d) Street No. Box 137 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1942 hour 8:00 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 8, 1942 to Dec 28, 1942
that I last saw him alive on Dec 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. nephritis, interstitial Duration 2 yrs

Due to Vascular sclerosis 34 yrs.

Due to —

Other conditions Psychosis, cerebral arterio-sclerosis 1 1/2 yrs
(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN —
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature W. G. Rows (M. D. or other)

Address Mo. St. Hosp. 2, St. Joseph, Mo. Date signed 12-28-42

1233

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

P. B. Webb

Licensed Embalmer No.....

2353

P. O. Address.....

Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.